

**TRC STATE ADVISORY BOARD MEETING**  
TENNESSEE REHABILITATION CENTER  
SMYRNA, TENNESSEE  
APRIL 9-10, 2003

Present: Janet Rose, Chair  
Harry Cowan  
Ann Hampton  
Christine Hopkins  
Susan Kirk  
Thomas Wilson  
Katie Winchester  
Dr. Brad Windley

Carl Brown, Assistant Commissioner  
Philip Wagster, Director of Rehab. Services  
Linda Fleming, Director Field Operations  
David Holmes, Superintendent of TRC  
Joe McBee, Director of Community TRCs  
Ken Arnold, TRC Supervisor  
Susan Arwood, TRC Supervisor  
Brian McKerley, TRC Supervisor  
Dr. Rob Roberts, TRCs Consultant  
Kara Huckaby, TRC Manager  
Elizabeth Strode, TRC Manager

Absent: William Harrison  
Robert Settle

**Wednesday, April 9, 2003—Day 1**

**Welcome and Introduction**

Janet Rose, Chairperson welcomed the board members and called the meeting to order. She expressed her feeling that the Board needed to meet more frequently.

**State of Rehabilitation**

Carl Brown, Asst. Commissioner and ex-officio member, thanked the Board for the leadership, guidance, understanding, and patience that is given to our program. He wants the Board to feel that the program is also their program, and welcomes constructive criticism, as well as ideas.

A few years ago, one of our centers that had brought up the idea of having a PC lab, and currently, each of our facilities now has a PC lab, and in fact, is on the second generation of PCs. Although we are not teaching a full software package, every student who comes through our program knows keyboarding skills.

The past year in regards to budget has been an exciting one. Items are on the table being considered by the legislature at this time. The primary impact that the budget issues that our division has at this time should only affect our facilities program in regard to the number of people that may be coming in to be served by our centers.

We are in an Order of Selection, which our Federal law allows. If enough case service dollars are not available to fund any new, eligible client, then we have to go into an Order of Selection.

We have four priority categories. At this time, the only new case we are able to move forward with are those cases that meet Priority Category I, the most significantly impaired. There are a little over 8500 eligible Tennesseans in closed priority categories. That most likely will be the biggest impact on our facilities. We are no longer going to wait for business to come to us. If the business is not available in the counties by which the centers are funded, the centers will cross county lines, going wherever is necessary to serve those cases that our agency can serve. Persons on the waiting list from the county which funds the program will come first, as they should.

We have elected not to purchase vocational evaluations from any outside source. TRC administrators have been asked to ensure that every person needing an evaluation gets it through our facility network, instead of spending additional funds to go outside the network.

Our agency's budget has been presented to the Senate and House Health and Human Resource Committees. Next week, we start in with the Senate and House Budget Committees.

Currently, our department and VR program were asked to reach certain levels of reductions congruent with the governor's guidelines, and this has been achieved.

How are we going to survive? We are fortunate to have Social Security Reimbursement funds in the bank, and with matching funds, lower expenditures in case services, overmatch with our Facility Program, and a little overmatch with our Transition School-to-Work Program. Unless we lose significant amount of available federal dollars, we will be okay for another fiscal year. Historically, DRS (rehab) has gotten modest increases from the federal government.

Katie Winchester questioned Carl Brown about serving only the most severely disabled, and also shared her concerns about not being able to fully accomplish the mission of Vocational Rehabilitation by not being able to help those who are easier and less expensive to train.

Mr. Brown responded by stating that according to Congress, if a new referral is not classified as Priority Category I, we must refer them to any other possible service area, which we currently do.

Dr. Windley asked if there were alternative programs or other resources for quadriplegic individuals that might be left out of the scheme.

Mr. Brown said not at the present time. Long-term care has the potential, but it is not funded at this time, nor has it been fully implemented in Tennessee. We are currently working with other Human Resource agencies across the state to help with transportation and having an attendant.

Christine Hopkins mentioned the upcoming Reauthorization Act, which mandates that more people go to work, and inquired as to how we will come out this year with successful closures, compared to where we were.

Linda Fleming stated numbers would be less than last year. Client referrals are down 25-26%, and she attributes this to the Order of Selection. Our vendors get used to our putting their clients on a waiting list, naturally causing these numbers to go down.

Ann Hampton questioned Carl Brown about the Transition School-to-Work program, whether or not centers can still do evaluations, and if there is a need for local school systems to support those evaluations. It would be a place to go for the best possible service.

Carl Brown then mentioned for the last 12 years, we have had funding for a Learning Disabled (LD) Program. A program was needed to serve the learning disabled, which at one time was the largest number of transition students we had. Several universities matched our available federal funds to create a Learning Disabled Lab – PCs, software, staff, etc. to help students with LD complete a college education. Last week, we put them on notice we would have to cut funding 35% this year, 70% next year, and after that, they would be on their own.. We no longer have the available federal dollars for those labs, however it is felt they will do fine.

Higher education costs have gone, and will continue to go up, and with 5200 clients in higher education, we must cut other areas.

We are cutting “Z” contracts, where we fund private, non-profit facility to do job placement. We would guarantee them a certain amount of dollars to do job placement, but will no longer be able to do this.

On a more positive note, our community TRCs had no staff cuts. We will fill vacant positions as soon as we have approval from the Dept. of Personnel. We must keep our local funding of 30%, and need your help to do so. If lost, we do not have state dollars to fund that. Twelve Community TRCs and Smyrna TRC have expanded their efforts, and are providing vocational evaluation services to up to 48 clients per month in Davidson County. This will assure maximum utilization of our evaluation staff and result in significant case dollar savings. Dialogue is underway to build new facilities at Shelbyville, Columbia, and Union City.

There is a lot of excitement and potential with the new Videoconference equipment. This equipment was given to us via the TSU “Project Diane” program, and is currently at five sites. This will soon “pay for itself” with savings in time, travel, lodging, meals, etc. Dr. Windley strongly endorses videoconferencing. He stated that TDOT and Higher Education have made great showings in their statewide meetings held on a weekly basis with this technology.

Dr. Rob Roberts has been an asset in implementing a Vocational Evaluator Competency Program. He and his colleagues from the University of Memphis, did an assessment of our evaluators, and within three (3) years, they have brought all our evaluators up to the same level. We feel it has been most beneficial, and that our evaluators are as good as any in the country. As a result of the success of this program, Rob has been asked to conduct a similar program for our Counseling staff.

Regarding our Capital Projects, the cafeteria at TRC has been renovated, we have added an Auto Lube Program, and a second new van with chairlift is being purchased for us. A \$6,000,000

dorm renovation project, for which we are using VR's federal dollars and the Governor's capital projects matching funds, will soon begin.

Carl was appreciative of the VR staff stepping up and doing what they have been asked to do, especially Joe, David, Susan, Brian, Ken, and Linda.

Dr. Windley inquired about prioritization in higher education support for students to be encouraged to begin their education at community colleges, which is cheaper, and then follow into a university, rather than go directly to a university for the same coverage, which will cost more. He also felt a need to realistically target what the student might do, and obtain degrees in high-need areas, where the student would stand a much greater chance of employment. Carl Brown then commented that there is a component in the law that states that any person must have an informed choice. There are students who are focused toward the universities, and they are often accepted. By the end of the first, or sometimes second term, we usually are able to help turn them toward a vocation in which they can be successful.

There are 410 staff positions in the VR Program. TRC Smyrna has 138 funded positions, our community TRCs have 95, Blind Services has 59 positions, TN Council for the Deaf /Hard of Hearing has 1.5, TN Technology Access Project has 1.5, Disability Determination Services has 414 state positions and 57 contracted doctors, for a total of 1,176 people in our Division.

Christine Hopkins, on behalf of the Board, offered to come to Nashville and help lobby for the Vocational Rehabilitation Program.

### **Cooperative Effort Between Centers and VR**

Linda Fleming, Director of Field Operations, described the collaborative effort between the centers and VR as being like "VR 'r' Us", because of the teamwork of TRC, the facility network, and VR, which primarily begins with the right attitude. There is good communication among Joe McBee, David Holmes, and Linda, also with the 4 or 5 Regional Supervisor meetings held each year, which include Susan Arwood, Ken Arnold, and Brian McKerley, our East, West, and Middle TN Supervisors. There are seven facilities that have VR staff (counselors, secretaries) housed in the centers. With the "one boss" concepts, it is necessary for Field Operations and Facility Network work hand-in-hand, so that everyone is on the same page.

A lengthy discussion followed regarding present and future needs for developing our capacity to provide job coaching services. Considering the current budget and limited resources, we most likely will have to utilize the staff we currently have, as there are no funds for extra staff positions. The role of job coach is one that will be needed, since we will be working more with the most significantly disabled. Many will need job coaches to go out to the job sites with them, and work side by side. This would help our clients learn the job, and help them become acclimated to that particular work force. This person could make the difference in whether the client maintains the job, even after the case is closed. Additional strategic planning will need to be undertaken at all levels of the VR program, as to the best ways to better address these needs.

## **Tennessee Rehabilitation Center**

David Holmes, Superintendent of TRC at Smyrna, welcomed everyone to the TN Rehabilitation Center, and shared plans for a nice dinner and breakfast for Board members.

Many positive things are happening at TRC, for example last month we averaged 95% utilization last month, and as of April 9, there are 190 students on campus. Priority Category I has actually increased our utilization here at TRC. We currently have waiting lists, we also officially began the Auto Lube Program in January 2003, in which classes are full, and there is a waiting list for that class already. School to work folks, especially those for whom reading is a challenge, are excited about this “hands on” learning environment. About two-thirds of our population fall into disability categories of MR, LD, as well as Brain Injury. In fact, the category of Brain Injury clients is becoming larger every day.

Last fiscal year, TRC served 1,110 individuals, and as of April 1, that many already have been served. Work Adjustment, also known as our JOBS Program, has about 75% of our students going through this who actually try out for Vocational Training classes here, and are accepted. There are about 25% that either are not interested or not accepted.

About 85% of the people who go through our Vocational Training Program are working in a job. Some of our training programs for a period of time have had 100% employment rate.

We were recently able to obtain a contract with Nissan, putting together owners manuals for the new Altimas. The idea of having someone to go out and procure contract work at a corporate level had been discussed with the Board at one time. Bill Hughes came into the TRC facility about a year ago, having 20+ years experience with manufacturing management, materials management, and working with the disabled in other states. He is with the Delta Corporation, has obtained 2 new contracts in Cleveland, and obtained the Nissan contract.

We now have videoconferencing here at the TRC Smyrna, TRC Greeneville, TRC Cookeville, TRC Columbia, and TRC Dyersburg. We will be adding one in Chattanooga soon. We will be sharing with the Deaf Centers in Knoxville, Jackson, and Memphis. We have a bridge with the capacity of eight videoconferencing portals, and have an additional eight, so that you can call in from the phone on your desk and join the conference. Hopefully, by the end of this month, we will pretty much be able to connect the entire state.

We are grateful for TBI positions that are now State funded. This helps reduce our turnover, in that benefits will be provided for employees that are no longer contract personnel. We will be able to cancel approximately \$140,000 in psychological services contract here, from the addition of 2 Psychological Examiners (State positions) who will come under the supervision of the two psychologists that we have here full time. Costs will be cut in half and still cover our needs.

We will be adding a new Vocational Evaluator position at the 88 Hermitage office in Nashville. This will give the current TRC evaluators a little relief, and this will be our Mobile Evaluator on site.

The current and immediate future capitol expenditure projects were discussed.

## **Director's Report**

Joe McBee, Director of TRC Facilities, stated the TRCs have had a good year overall. Significant improvements have been made in the area of vocational assessment. Five vocational evaluator staff completed their Masters Degrees in Rehab Counseling this past year. Additional capacity was purchased to use with our Valpar Pro 3000 computer-based evaluation system. In addition, two additional tests, the Woodcock-Johnson and the AAMR social adaptive measurement scale, have been acquired. Their utilization statewide should result in substantial cost savings to the agency.

Twelve Community TRCs have joined the Smyrna TRC to provide all of the vocational assessment services in Davidson County. This represents a capacity of at least 48 referrals per month, and likewise a substantial savings in case service dollar expenditures, which otherwise would be paid to various private vendors.

Contrasting an overall increase in evaluation numbers, adjustment service numbers have remained level, and placement numbers have declined consistent with the order of selection.

We are striving to reach 100% of all TRC goals for the coming fiscal year, despite the challenges the Order of Selection brings. Instead of adjusting the goals, we have reached out by taking services to where the client need is the greatest

New buildings continue to be an important focus point for Community TRCs. Planning and development for new structures is underway at Shelbyville, Columbia, Union City, Paris, Greeneville, and Cookeville.

Recently, completed CARF Surveys at Gallatin and Winchester resulted in each gaining another 3-year accreditation. Surveys are scheduled in the near future for Franklin, Camden, Manchester, Murfreesboro, Shelbyville, and Cookeville.

## **Business Meeting**

Janet Rose opened the Business Meeting and wanted to first discuss old business. She wanted the Board to set some goals, feeling they are desperately needed. She first wanted to hear from the Nominating Committee, in regards to filling Board member positions. The Committee was composed of Ann Hampton, Susan Kirk, and Dr. Brad Windley. Dr. Windley reported they addressed some difficulties in the By-laws, such as meeting only once a year, creating an attrition of value and knowledge, with members cycling off the Board, having only met one or two times. With the shortness of the cycle, it is felt we need an ongoing Nomination Committee to be continually working to find people that supply our needs. The 3 individuals they would like to recommend for the vacancies on the State Advisory Board are:

- **Rick Sircy** – Workforce Development
- **Shane Henley** – Social Security Administration (has served on Board before)

- **Marlene Steinbuck** – Board member at TRC Camden, member of County Commission and Budget Committee

The second recommendation of the Nominating Committee for the hierarchy of the Board was for Thomas Wilson to serve as Chairperson, and Christine Hopkins to serve as Vice-Chairperson. A motion was made by Harry Cowan and seconded by Katie Winchester. The nominations were closed, and Thomas Wilson and Christine Hopkins were elected to their respective positions.

Janet Rose then introduced a discussion regarding the By-laws for the State Advisory Board, Article II, Section B, the last sentence. There seemed to be some confusion about what the statement was actually saying, and it was decided by the Board to re-word the sentence in order to clarify the meaning.

In regards to recommendations for members for the State Advisory Board, Joe said that Department of Mental Health/Retardation was going to submit a recommendation from their division. Susan Kirk suggested the idea of surveying the center managers for nominees. Janet Rose brought up thoughts of making contacts with various people at our centers, our department, and looking ‘out the window’ for prospective Board members. It was felt that the majority of the members of the State Advisory Board should have also served on a local TRC Advisory Board.

Ms. Rose expressed concern for the Nominating Committee, and the need for rotation, so as to maintain continual positions. Dr. Windley felt it should be an on-going committee, to prevent problems. He recommended amendment of the By-laws to have the Chairperson and/or Vice-Chairperson appoint annually a Nominating Committee.

David Holmes brought up the question about whether or not the By-laws should be changed to read Tennessee Rehabilitation Centers, as opposed to Tennessee Vocational Training Centers. A few of the board members thought this change had been addressed a couple of years ago, and the request was made by Carl Brown for Joe McBee and David to be responsible for overseeing the change of wording in the By-laws, and email it to all Board members. David explained that the changes in the TCA would have to be changed in the Board meeting, among the members.

Janet Rose then mentioned needing a change in the list of Board members. She would like to see the addition of dates for the original appointment and end of current term, which term each member is now serving, as well as email addresses for those who have one. Christine Hopkins brought out the fact that the Ex-officio members have never had a starting and ending date; only those members who have been appointed. Dr. Windley suggested it would be beneficial to have this information on every report sent electronically, and as new members come on, they can access quickly current Board member information. Katie Winchester suggested we just add this information to the DHS/DRS website, rather than communicating this every time an email is done, so as to save time. Joe McBee inquired as to whether everyone had email capability, and mentioned the savings in postage it would mean. After further discussion, it was decided that it was improper to have information regarding race and sex in the general Board information list.

Regarding old business, Ms. Rose reverted back to the last board meeting, where it was suggested to have a Center of the Year Award, with certain criteria to be met. Joe McBee

explained that the criteria listed in the packets coincides with the requirement that we submit a Program Evaluation form each year. After each center submits it's annual report and this particular form, a committee would judge which center was best, according to these criteria in that report. That report is to be submitted to our office by August 5 of each year. At that time, we would gather them together, and have a committee to select the best one. Usually, there is an annual award presentation around Thanksgiving given here for the centers that reach their goals during the past fiscal year. Ms. Rose suggested we look at choosing the 'Best of the Best', which would mean if there are three centers that have met their goals, they would be the ones to be considered for the Center of the Year. Her concern was 'How do we fairly judge Top Dog award'. Discussion was held regarding this, and friendly, fair, exciting competition is the idea. This should be a complimentary award for the winning center. Katie Winchester suggested that we circulate a list of the accomplishments for each of the qualifying centers, along with a ballot, to all the center managers and Board members. Dr. Windley suggested the managers themselves might be best qualified to judge from the pool of eligible centers. Ken Arnold commented that there are complex issues involved in this type competition---some centers have limited resources, small markets. Susan Arwood shared the idea that you could potentially have a good, well-rounded center, but they might not necessarily meet their goals in all areas. This could be due to staff members who might be on sick or maternity leave during the middle of the year. She mentioned being able to recognize centers that work hard and rise in 'rank status', nearly reaching their goals. Normally, all three goals must be met to qualify for the award. Katie Winchester suggested having two awards, Center of the Year and Most Improved. Ken Arnold felt we need to recognize those centers that are getting job placements for 'hard-to-place' clients. Susan Arwood commented how consideration needs to be given for quality of improvement of the center and average hourly wage statistics. Janet Rose suggested reading and studying over the proposed award criteria, and that everyone try to come up with a logical, fair idea for the award criteria. Carl Brown suggested maybe thinking about having the managers to present the top two centers, in their opinion, and letting the Board make the final decision about the award. He indicated it might have more meaning and carry more weight, if done that way. (\*\*Mention was made later that another measure of success should be determined by how long a long students retain their jobs.)

Mr. Brown asked for general consensus as to the number of times the State Advisory Board should meet annually. After some discussion among board members, he indicated he could present to the Commissioner the possibility of having two physical meetings, and one or two teleconferences, etc. Mr. Brown also mentioned the slowness in Board appointments. He has had reassurance that there will be a faster turnaround, thus having more board appointees be able to attend more meetings and full participation.

Dr. Brad Windley suggested having a working breakfast the next morning at 7:30 a.m. The meeting was adjourned with dinner following at 5:15 p.m. in the TRC Student Government Hall.

### **Thursday, April 10, 2003 – Day 2**

Janet Rose called the meeting/working breakfast to order at 7:30 a.m. Reference to the criteria sheet for Centers of the Year was the first item of business. She asked for suggestions for the



fairest, simplest method to determine the recipient. As Advisory Board member, the reading of reports from the centers in word format is much easier, and more informative, than just a numerical evaluation. Having copies of these would help Board members' awareness of what is actually going on at the centers. Joe indicated this could be done, if it was the desire of the Board to be able to read information on the 17 centers.

Christine Hopkins recommended that Joe and three supervisors finalize the criteria, with the help of David Holmes. That criteria would then go out to all Center managers for the selection process to take place. She said each center may need to do a write-up about what is going on, to inform everyone of what is taking place at their particular center. Ms. Hopkins thought it best to let the Center managers judge their own, select the top 2 or 3 centers, and then a committee from the State Advisory Board make the final selection(s).

Dr. Windley suggested he would like to see something on the order of a pictorial virtual visit or video clip to each facility. Joe McBee said we would mandate that each center participate.

David Holmes felt there needed to be a written process on nominating these centers. He would like for the center managers to submit their nominations, using this criteria to submit a written report, etc. of how they feel they meet the criteria. Then, the ones who rate the sheet will take what's given, plus their knowledge of the center, and the other center managers, rating ourselves. Mr. Holmes believes there needs to be a process on submitting the information.

Susan Arwood mentioned they were proposing they would have to do a Program Evaluation anyway, so as to "kill two birds with one stone", letting the managers put all that information in their Prog. Evaluation. This is the format she/they came up with. The group she worked with felt supporting documentation, newspaper articles, clippings, etc. Carl Brown felt there needed to be a little more development, defining the minimum information that can be submitted, etc.

Dr. Windley feels the process should be a learning and growth experience each year, as it forces staff to look inwardly, evaluate themselves as others might see them. He feels it would be essential to require all centers to participate.

Katie Winchester commented on how valuable it would be to have a second award as an incentive to do better, and help move a center forward, in order to become the Center of the Year. Mr. Brown seconded the motion. Ms. Winchester felt like the same three people that put together the 10 criteria for Center of the Year award would know what they are looking for, in terms of what makes a center eligible for this type recognition. Mr. Holmes suggested that when these people finish the process, they should submit it to the Board electronically for their review and comments.

Mr. Brown supports bringing in the whole center staff to receive the award, instead of the Center manager only. He also feels we need to then bring in the Chairman of the Board, and that something other than a certificate for the award.

The past process of giving out awards normally has been done at a Thanksgiving luncheon. Dr. Windley expressed concern in everyone being able/not being able to come, with other holiday

commitments to possibly have to schedule around. David Holmes mentioned that the reasoning behind having it this time of year is because the TRC Smyrna students will have gone home for the holidays, thus enabling all staff members to attend the awards ceremony. He also mentioned another option if we wanted it to be around a Board meeting where the focus is just on Community Service.

Carl Brown suggested a \$500 award for the Center to purchase something they need. The motion for both awards was seconded by Mr. Brown.

Ms. Rose asked for discussion on short and long-term goals, and if everyone brought their lists of goals with them. Christine Hopkins began with the “re-mention” of an extra workshop person, especially those centers that have the money in their Contract Expenditures to utilize. She feels it is more important now than ever, because of working with the more significantly disabled as time goes on. Other goals Ms. Hopkins mentioned were that facilities need to be able to take applications; a contract person; new services the centers could provide; money – VR counselors help secure matching funds.

Another long -term goal that Christine Hopkins had was ongoing, continuing education training for all staff. It should be planned and completed every year. Dr. Windley said when we get the video “link” up, that could be solved. Ms. Hopkins added that this year will be really tight, in trying to get local dollars. She feels the managers need to call on the local boards for help in getting those dollars.

Harry Cowan had also thought about continuing education for all managers and staff. As a board member, he feels the need to be more involved and keep up more with what is actually going on.

Katie Winchester feels the simulated work environment, such as the one in Winchester, is something that would benefit the clients that are served by the centers immensely. So many of these clients have no concept of what it’s like in the real world, learning the importance of being punctual, the importance of good hygiene, interpersonal skills, and simply to continue their effort on a daily basis.

Thomas Wilson stated that one of his goals was in regards to a simulated work environment, to be able to turn around and later train one of those folks as a job coach, if a client was willing to use their experience to share with and train other clients. Another long term goal is to have a Hazardous Assessment Program for all centers prior to and during the process of accepting some job contracts, as there are sometimes possible liabilities that are created with certain work situations. The hazardous assessment that is already being done for the staff, could also be promoted for the clients. That could follow them through a lot of particular jobs that were being done around the centers, especially around the workshops. He also felt it would be important for each center to have/develop an Emergency Response Plan. This is a plan where people are to respond to events that occur **outside** of the centers. David Holmes referred to our TRC Intruder Alert plan that has been implemented here in Smyrna. Katie Winchester commented that plans for responding to an external crisis should be coordinated with whatever plan the community has in place, as the center itself would not be expected to be the primary responder to an external

crisis. Mr. Holmes mentioned the 2-hour simulated fire drill with the local police and fire departments here at TRC Smyrna, with 'hysterical parents', 'burn victims', etc.

Janet Rose mentioned the need for new board members to have orientation, proper 'tools' for the job, and more communication. Dr. Windley suggested an initial Board member 'packet' be developed by the State office or Joe McBee. He also suggested that an existing Board member be assigned as a mentor to any new, oncoming Board member for at least a year, that they be asked to personally contact and help that new member with their packet, and 'learn the ropes'. Joe offered to provide a history of the TRCs, the By-laws, criteria for Center of the Year, other helpful information. David Holmes suggested the use of digital cameras by the centers to aid in the flow of information, such as a picture of a client with his new employer, and send this electronically. He also wondered about having all the centers to do quarterly Program Evaluations, instead of annually, and sharing that information. This would complete the 'total snapshot' of how that center has done/is doing. Mr. Holmes indicated it would be a good idea to come up with a punch list, and for the Board to decide specifically what information is wanted.

David Holmes mentioned a long-term goal to be considered goes back to contract work. There is a need for more corporate partners and long-term stability of contracts. He feels it would be valuable to be able to demonstrate that we are connected corporately, such as with Nissan, being able to feed 3-4 centers with contract work. There could feasibly be a need to perhaps purchase a big delivery truck, and hire a Rehab Assistant to transport pickup/contract work.

Transportation is a big issue with employers, and if we can pick up and deliver work, we will have met a lot of their needs.

Janet Rose proposed that via email, she, Thomas Wilson, and Christine Hopkins share the information for what these goals are, and then get the information back to this Board, so that at the next meeting, the Board can know and decide what the priorities are.

Ms. Rose advocated adding to the new Board member packet a 'chain of command' sheet, so that as non-members of the people we are trying to serve, there is a much clearer understanding of who and where people are.

Before the meeting adjourned to attend the videoconferencing demonstration, Katie Winchester presented a bank mug to Carl Brown.

Christine Hopkins then complimented Katie Winchester on her diligent work with the Dyersburg center and Board.

Motion was made to adjourn the meeting to attend the videoconferencing demonstration and abbreviated tour.

### **ACCOMPLISHMENTS OF EVALUATION UNIT**

The meeting came back to order, and Dr. Rob Roberts provided a handout of a one hundred-item assessment he had developed. He also discussed the VAL-PAR program. Linda Fleming

added that she felt it was very important that we be very competent in being able to identify transferable skills appropriately. In many cases, it may mean the difference in whether or not we are able to serve a client prior (?) to Category One, and not being able to serve them at all. Christine Hopkins asked Ms. Fleming if we were utilizing the facilities a lot more to determine functional limitations and the most significantly disabled. She responded positively.

## **SUPERVISOR'S REPORT**

A Powerpoint presentation was made reflecting the strengths and weaknesses of the local programs across the state by comparing annual statistics from 1999 through March of 2003. Various board members and staff made comments and observations on factors that demonstrated significant influence on the growth or reduction in the numbers reflected.

## **SUCCESS STORIES**

Success stories were presented by managers/staff from the Columbia, Gallatin, and Shelbyville TRCs. Kara Huckaby, Manager at Columbia, and Lucy Alexander, Counselor, shared with us a story about Angela Morton. Linda Suddarth, VR Counselor at Gallatin brought Connie Cothren to share her success story. And Beth Strode, Manager at Shelbyville, brought Linda Best-Reese, Assistant Case Manager of Bedford County and Ron Smith, VR Counselor, to share the story about Janice Hill.

Joe McBee expressed his appreciation to the Board members and everyone for their attendance. David Holmes also thanked those that came and shared their success stories, and putting forth the effort in representing success of the Rehabilitation program as a whole.

Janet Rose mentioned that we hope to have an electronic meeting in July, and the next physical meeting will be in November. Board members who did not bring their list of goals were asked to send them to Janet Rose.

With no further business the meeting was adjourned at 11.30 A.M.

